



Ohio Vision Professionals Board

Mike DeWine, Governor
Jon Husted, Lt. Governor

Anne Gonzales, Executive Director

ON-SITE OPTOMETRIST INSPECTION REPORT

Website: _____ Checked before inspection. ☐ Took business cards. ☐

Date _____ Time _____ Inspected by _____

Name of Optometrist _____

License Number _____

Address of Business _____

_____ County _____

Type of Practice:

☐ Private Practice ☐ Group Private Practice (# _____ doctors) ☐ Clinic

1. Is the optometrist's name correctly displayed? (Outside of office location exam room or exam room entrance.) Yes _____ No _____
2. Using the name of a previous optometrist over the grace period of one year? Yes _____ No _____
3. Using the term of "specialist" or the title of "doctor" without using optometrist or O.D.? Yes _____ No _____
4. Are licenses on display where patients can easily view them? Yes _____ No _____
5. Is license current? Yes _____ No _____
6. Are receipts given with examining optometrist's name, address (Printed or Written) on it? Yes _____ No _____
7. Are prescriptions given with examining optometrist's name address, and license number (Printed or Written) on it? Yes _____ No _____
8. How are RX's kept/secured? (electronic, paper, other _____) Yes _____ No _____
 - Does each patient receive a copy of the prescription? Yes _____ No _____
9. Are patient records maintained for seven years? Yes _____ No _____



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12. Do you co-manage patients? Yes _____ No _____

Type(s) of co-management _____

13. Is the licensee working commercially? Yes _____ No _____

• If yes, is he/she working under a lease? Yes _____ No _____

• If yes, is lease based on a flat rate? Yes _____ No _____

• Is a copy of the lease available? Yes _____ No _____

14. Adequate hand washing facilities? Yes _____ No _____

15. Appearance, safety, and cleanliness of office is acceptable? Yes _____ No _____

16. Number of examination rooms 1 2 3 4 5 other _____

17. Office Instruments:

• Binocular Indirect Ophthalmoscope (BIO) _____

• Biomicroscope (slit lamp) _____

• Keratometer (contact lens) _____

• Ophthalmoscope _____

• Optomap _____

• Phoropter _____

• Retina Scope _____

• Tonometer (2 types) _____

• Visual Fields Equipment _____

• Other Instrumentation _____

18. Are all instruments in working order? Yes _____ No _____



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19. Are controlled substances or dangerous drugs stored at practice? Yes_____ No_____

- If yes, what is the DEA number for the optometrist? _____
(Test sample expiration dates.)

20. Are therapeutic agents within scope of practice? Yes_____ No_____

- If yes, are the agents unexpired? Yes_____ No_____

Altafluor benox
cyclopentolate hydrochloride ophthalmic solution
proparacaine hydrochloride ophthalmic solution
tropicamide ophthalmic solution

21. Most proper contact brand? _____

22. Total Violations _____ Violation Types:

23. Corrective Action Required:

24. Date Corrective Action Completed:

Revised 5-2023